STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
NUTRITIONIST LICENSING
P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
E-mail: license@alaska.gov

NUTRITIONIST APPLICATION INSTRUCTIONS

The documents listed below must be on file with the department before your application can be considered for licensure as a nutritionist:

1. Completed, notarized application and fees as follows:
   - Nonrefundable application fee $ 50.00
   - License fee $ 200.00
2. Official verification mailed directly from each state licensing authority where a license, certificate, or registration is or has ever been held. (License Verification Form 08-4399a.)
3. Official verification mailed directly from the Certification Board for Nutritional Specialist (CBNS) certifying your status as a Certified Nutrition Specialist (CNS Verification Form 08-4399b); CBNS telephone (212) 777-1037.

OR

Official verification mailed directly from the American Board of Nutrition (ABN) certifying your status as a diplomate of the American Board of Nutrition; ABN telephone (205) 975-8788

OR

Official transcripts mailed directly from an accredited college or university verifying a masters or doctorate degree with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition.

AND

Verification of 900 hours of documented work experience in human nutrition or human nutrition research. (Report of Experience Form 08-4399c and Verification of Experience Form 08-4399d.)

SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.060(b), a license may not be issued by the department to a natural person unless the applicant's social security number has been provided. If you do not have a social security number, contact the division for further instructions.

RENEWAL INFORMATION

Licenses issued under this program will expire December 31 of odd numbered years (i.e., December 31, 2009, etc.), regardless of when first issued. Licenses issued within 90 days of the expiration date will be issued through the next biennium. One renewal notice will be mailed, 30 days before license expiration, to the last known address of record.

BUSINESS LICENSES

A business license is required if you are self-employed or acting as an independent contractor. Please contact Business Licensing at (907) 465-2550 in Juneau or (907) 269-8160 in Anchorage or you can access the Internet at http://www.commerce.state.ak.us/occ/buslic.htm.

PAYMENT OF CHILD SUPPORT

Alaska Statute 25.27.244 requires the Division of Corporations, Business and Professional Licensing to deny issuance of the professional and occupational licenses of any person reported by the Alaska Child Support Services Division (CSSD) as not in substantial compliance with a child support order. If this office is notified by CSSD that you are not in substantial compliance with a child support order, you may be issued a nonrenewable, temporary license valid for 150 days. Contact Child Support Enforcement at 9907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1-800-478-3300.

PUBLIC INFORMATION

Please be aware that all information on this form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at www.commerce.state.ak.us/occ under "Professional License Search".

NTN

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(907) 465-2580
E-mail: license@alaska.gov

APPLICATION FOR NUTRITIONIST LICENSE

Nonrefundable Application Fee	$ 50.00
Nutritionist License Fee	$ 200.00
Wall Certificate Fee (Optional)	$ 20.00

MAKE CHECKS PAYABLE TO: STATE OF ALASKA

INSTRUCTIONS TO APPLICANT

Each question must be answered fully, truthfully, and accurately. Any omissions, or inaccuracies are grounds for disapproval or rejection. If the space for any answer is insufficient, the applicant may complete the answer on a rider signed by the applicant, specifying the question to which it related. Type or print all requested data.

Name: _____ Social Security No.: _____
(Required by AS 08.01.060)

Mailing Address: _____
Street/P.O. Box City State Zip Code

Daytime Telephone: _____ E-mail Address: _____

Date of Birth: _____

PROFESSIONAL STATUS (List memberships in good standing of Professional Associations.) Name/Location

OCCUPATIONAL STATUS (Past five years only.)		
Position	Location	Date of Employment

LIST ALL JURISDICTIONS IN WHICH YOU HOLD OR HAVE HELD LICENSES TO PRACTICE AS A DIETITIAN OR NUTRITIONIST				
State Board	Certification Number	Date of Issue	Current Status	Exam or Reciprocity

Professional Fitness (AS 08.38.040)

All "yes" answers to the following questions must be explained in detail on a separate sheet of paper. Please attach official documents as appropriate.

	YES	NO
1. Have you ever engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?	☐	☐
2. Have you ever been convicted of a felony?	☐	☐
3. Have you ever had your professional license suspended, revoked, reprimanded, or otherwise acted upon?	☐	☐
4. Have you ever engaged in lewd or immoral conduct in connection with the delivery of professional services?	☐	☐
5. Are you now or have you, within the last five years, experienced, been diagnosed with, or been treated for emotional or mental illness, drug addiction, or alcoholism?	☐	☐

Please be aware that all information supplied with this application will be available to the public, unless required to be kept confidential pursuant to state or federal law.

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE INFORMATION MAY RESULT IN FAILURE TO OBTAIN LICENSURE AS A NUTRITIONIST IN ALASKA, OR SUBSEQUENT REVOCATION OF MY LICENSE.

_____
Signature

_____
Date of Application

ATTACH RECENT PHOTOGRAPH
(Taken within the last
six months)

No larger than 3 x 3

NOTICE: Portion of the Notary Seal must overlie the photograph.

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

NOTARY SEAL

_____
Notary Public

My Commission Expires: _____

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VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO ALL STATES WHERE YOU ARE OR HAVE BEEN LICENSED.

I am applying in Alaska for a license to practice as a nutritionist. Alaska requires certification of the status of my license in each jurisdiction in which I hold or have held licenses.

Last Name First Name Middle _____ Social Security Number

Mailing Address _____ License Number

City State Zip Code _____ Daytime Telephone: _____

I hereby request and authorize the State of _____ to provide any and all pertinent information requested in this form to the Alaska Division of Occupational Licensing to complete an application filed with that agency.

Applicant Signature Date

TO STATE BOARD Please complete the bottom half of this form and return it **directly** to the Alaska Division of Occupational Licensing at the address listed above.

Licensing Jurisdiction: _____

License Type: ☐ Dietitian ☐ Nutritionist ☐ Other: _____

Name of Licensee: _____

Licensed By (reciprocity, examination, etc.): _____

License Number _____ Original Issue Date _____ Expiration Date _____ Periods of Lapse _____

Has the license ever been revoked, suspended, placed on probation, or restricted in any way? ☐ Yes ☐ No
If yes, please enclose an explanation or documentation.

Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action?
☐ Yes ☐ No If yes, please enclose an explanation or documentation.

Comments: _____

_____

_____

SEAL

Name _____

Signed _____

Title _____

Date _____

08-4399a (Rev. 3/08)

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CERTIFIED NUTRITION SPECIALIST VERIFICATION

Complete Section A of this form and submit it to the Certification Board of Nutritional Specialists (CBNS) for completion of Section B. They will in turn mail this form directly to the division at the address listed above. CBNS telephone (212) 777-1037.

SECTION A

Name: _____
Last First Middle

Mailing Address: _____
Street/P.O. Box City State Zip Code

Daytime Telephone: _____ Social Security Number: _____

Date of Birth: _____

Your name at time of examination, if different: _____

I, _____, hereby authorize the Certification Board of Nutrition
Print Name

Specialists to release all information requested on this form to the Alaska Division of Occupational Licensing.

_____
Signature

SECTION B

I, _____, certify that _____
Name of CBNS Representative Candidate Name

has passed the Certified Board of Nutrition Specialists Certifying Examination and is currently a Certified Nutrition Specialist.

Initial Certification Date: _____ Expiration Date: _____

_____
Signature

SEAL

_____
Title

_____
Date

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REPORT OF EXPERIENCE

Complete this form and submit it to the address listed above along with your application and fees.

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City State Zip Code

Daytime Telephone: _____

Social Security Number: _____ Date of Birth: _____

Experience described below was obtained while employed by:

Organization Name: _____

Address: _____
Street/P.O. Box City State Zip Code

Beginning: _____ and ending _____ Total Hours of Experience: _____

Provide a chronological list of all nutrition work experience, beginning with the most recent.	
Exact dates (mo/day/yr.)	Type of experience including name and address of employer/supervisor
1 _____ to _____	
2 _____ to _____	
3 _____ to _____	

CONTINUE ON REVERSE IF NECESSARY

Exact dates (mo/day/yr.)	Type of experience including name and address of employer/supervisor
4 _____ to _____	
5 _____ to _____	
6 _____ to _____	
7 _____ to _____	
8 _____ to _____	
9 _____ to _____	
10 _____ to _____	

_____
Applicant's Signature

_____
Date

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VERIFICATION OF EXPERIENCE

SECTION I: TO BE COMPLETED BY APPLICANT: After completing Section I, make a copy for your records, and forward the original form to your supervisor. *(Please type or print legibly.)* This form must be submitted to each entity (i.e., supervisor, employer, peer, etc.) under which you obtained experience.

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City State Zip Code

Daytime Telephone: _____

Social Security Number: _____ Date of Birth: _____

Experience described below was obtained while employed by:

Organization Name: _____

Address: _____
Street/P.O. Box City State Zip Code

Beginning: _____ and ending _____ Total Hours of Experience: _____

Experience in: ☐ Human Nutrition ☐ Human Nutrition Research ☐ Both

Describe in the space below your nutritionist duties during your employment with the organization named above.

_____

_____

_____

_____

_____

_____

I hereby certify that the work experience described above and the time claimed for that experience is true and accurate.

_____ _____
Applicant's Signature Date

SUPERVISOR MUST COMPLETE SECTION II ON THE REVERSE SIDE

VERIFICATION OF EXPERIENCE

SECTION II: TO BE COMPLETED BY SUPERVISOR. *(Please type or print)*

INSTRUCTIONS TO SUPERVISOR:

1. Read carefully the applicant's Report of Experience on the front side of this form.

2. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the department relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and social security number in your letter and indicate that he/she is an applicant.

3. Complete and sign the supervisor's affidavit below, or if you do not sign the affidavit, please explain why in a separate letter attached to this form.

4. **DO NOT RETURN ORIGINAL TO APPLICANT.**
   Mail completed form directly to address at right. ➡

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Supervisor's Name: _____

Current Address: _____
Street/P.O. Box City State Zip Code

Daytime Telephone: _____

WITH RESPECT TO THE APPLICANT'S REPORT OF EXPERIENCE AS DESCRIBED ON THE FRONT OF THIS FORM:

1. Does that description accurately reflect the work personally performed by the applicant? ☐ Yes ☐ No

2. Does the time claimed by the applicant for this experience reasonably reflect actual time? ☐ Yes ☐ No

3. Briefly identify your work relationship to the applicant at the time. (If none, explain.)

_____

_____

_____

_____

SUPERVISOR'S AFFIDAVIT

I have read the applicant's Description of Experience. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed is true and accurate.

_____ _____ ☐ I cannot so certify.
Supervisor's Signature Date